· y			ent of Pub Division of								7
		Food Es						Report Page_		of L	_
INSPECTION RSN T	YPP GRADE	INSPECTIO	N DATE			IENT NA			M	CF	20
Regular		0 11 / 16 / 17 PORT OF MOCHA COFFEE HOUSE - MA							MAL	Ĭ.	
Follow-up		TIME IN	TIME OUT		PERMIT HOLDER						
Complaint	RATING	11:35 AM	1-15 pm		DEWAN ENTERPRISES INC.						
Investigation		SANITARY PE	RMIT NO.	LOCA	ATION (A	Address)	1				
Other:	7 1	17000275	8	10	1088 W. MARINE CORPS. DR. MICRONEDLA MA						
ESTABLISH	MENT TYPE			No. o	No. of Risk Factor/Intervention Violations B RISK CATEGORY						
RESTAUR	TINA		688 7765	No. o	f Repeat	Risk Fa	ctor/In	tervention Violations		3	
								EALTH INTERVENTIONS		3	-
I.									)		
thi - la sampliance								appropriate box for COS and/or R.			
Compliance Statu		ce N/O = Not observe	COS R			oliance S		uring Inspection R = Repeat violation PTS		ment p	
Compliance Statu		rvision	JCOS K	1113	Comp	Juance		entially Hazardous Food (TCS Food)		oj r	<u> ТРТ</u>
		resent, demonstrates	T	1	16	N OUT N	VA GUÓ	Proper cooking time and temperatures		_	6
1 IN DUT	knowledge, and per			6				Proper reheating procedures for hot holding			6
	Employe	e Health						Proper cooling time and temperature			6
2 VI OUT	Management aware	eness; policy present		6	19,1	N OUT N	V/A N/O	Proper hot holding temperatures			6
3 IN OUT	Proper use of repor	rting, restriction & exclu	ision	6	20	OUT N	I/A	Proper cold holding temperatures			6
	Good Hygle	nic Practices		44	21(	N TUO (	VA N/O	Proper date marking and disposition			6
4 DOUT N/A N	1//)	ng, drinking, betelnut, d	or	6	22 200-			Consumer Advisory	4		
	tobacco use		1 //					Consumer Advisory			
5 (IN OUT N/A N		eyes, nose, and mouth		6			0	Consumer Advisory provided for raw or			
COLON STREET		mination by Hands			22	N OUT W	IA	undercooked foods			6
6 IN OUT N/A N				6							
7 (IN) OUT N/A N	1/0	act with ready-to-eat for		6	-			Highly Susceptible Populations	-1	_	
		method properly follow hing facilities supplied			23	N OUT N	A)	Pasteurized Foods used, prohibited foods no offered	)t		6
8 NOUT	accessible	anig racinies supplied	"	6				Chemical	_	_	
		d Source				10	_		_		
9 (IN) OUT	Food obtained from			6	24	N OUT	<b>(A)</b>	Food additives: approved and properly used			6
10 IN OUT NA				6	-/	\		Toxic substances properly identified, stored,			
11'IN OUT		tion, safe, and unadulte	erated	6	25	OUT		used			6
12 IN OUT (NA) N	D	vailable: shellstock tags		-	0		Con	formance with Approved Procedures		- 3	
12 IN OUT (N/A) N	parasite destruction			6	26	N TUO N	_	Compliance with variance, specialized		T	10
	Protection from	Contamination			20	N OUI N	<u>ک</u>	process, and HACCP plan			6
42 IN TOUT 100	Food separated and	·		6	Г	Risk fac	tors are	improper practices or procedures identified	as the	most	1
13 IN OUT N/A		es: cleaned & sanitized	d	6				uting factors of foodborne illness or injury. P			
14(IN) OUT N/A				_		prevalent	LOUISING			lealth	
	Proper disposition of	of returned, previously		6				control measures to prevent foodborne illne	ublic H		
14 NO OUT N/A		of returned, previously ed, and unsafe food	200D DE		DDA	intervent	tions are	control measures to prevent foodborne illne	ublic H		
14 NO OUT NA	Proper disposition of served, reconditions	of returned, previously ed, and unsafe food	GOOD RE	TAIL		intervent	ions are		ublic H		
14 NO OUT NIA	Proper disposition of served, reconditions	of returned, previously ed, and unsafe food es are preventative me	asures to control	TAIL the intro	duction of	CTICE pathogen	ES ns, chen	nicals, and physical objects into foods.	ublic H ss or ir	njury.	
14 NO OUT N/A 15 NO OUT  Mark "X" in box	Proper disposition of served, reconditions  Good Retail Practice If numbered item is not	of returned, previously ed, and unsafe food es are preventative me	asures to control if COS and/or R.	TAIL the introd	duction of Correcte	CTICE pathogen d on-site of	ES ns, chen during in		ublic H ss or ir	points	
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	· a		Environmental Health		
			ment Inspection Report	Page 4	2 of 2
[	IMENT NAME	MICRO	LOCATION (Address)		
	PECTION DATE	ISANITARY PERMIT NO.	DENAN ENTERPRISES PERMIT HOLDER	INC.	
)(	16,17	17000 2758	1088 W. MARINE CORPS	DR. MICROM	
ITEM NO.			ND CORRECTIVE ACTIONS		CORRECT BY DATE
Violation	s cited in this repo		the time frames indicated, or as state the Guam Food Code.	ed in Sections 8-4	05.11 and
	A FOLLOW	-UP INSPECTION	WAS CONDUCTED. PRE	2UO IV	
		I CONDUCTED ON			
	ESTABLISHI	MENT WAS CLO	SED DUE TO MULTIPL	E REPEAT	
	VIOLATIONS	BASED ON AN	INITIAL INSPECTION	CONDUCTE	$\triangleright$
	ON 7/6/	17 (32,C).		<u>_</u> _	
	THE FOLL	WING WAS OB	SERVED:		
	· ·		HAVE BEEN CORPE		
	ITEMS #	12,8,2021	33,80,44,45,46	48 52	
	X 53.				
		1-11			
-	REMOVED	D PLACHED #		OTICE OF O	-CLURE.
	ISSUED F	PLACYRD # (	D3078.		
	. ====				
			IED LETTER FROM ESTAB		
			er) regarding pref		
			OM ECHBUSHMENT. TH		TME
			VILL NOT BE LOED UN		
	REPAIRED,	4 1+ NOT, 17 STU	LL BE REPLACED NO JUED SEPACE ON 11/	LFUER	
	1401 11/30	OIII. OWS SCHEDI	DOED SERVICE OF 11/2	2417.	
	SANITARY F	FRANT DAMACUT	DOUBLE CLIP ICCIDEN		
	Shirt (NPV)	-FIGHT PAYMENT	POUTING SUP ISSUED.		
	PREP CHILLS	A SHALL NOT BE	USED UNTIL PROPER	LI PERMO	
			TE REPPLANTATION E		23
	OR REGIONS	D 101 01 11 11 12 0 013	12 1011 (Ca) 5,0011 2	-001111100	-
	BRIEFED	PIC ON THE AS	EDVE-		
	7	1,000			
he immediata	suspension of the Sanitar	y Permit or downgrade. If seeking to ap	hall be corrected by the date specified by the Departm peal the result of any notice or inspection findings, a	nent. Failure to comply m written request for hearin	sy result in g must be
	rge (Print and Sign)	od of time established in the notice for c	orrections,	Date:	
EH Inapector	(Print and Sign) EPH C	11/16/15	)	Date: /	
	: 08.27.15 111A		Pelicon Food Establishment	11/16/	/
Rav	: U8.27.15     # # 4 A	White DPUSS/DEM	/ Vallows-Erbyl Establishment		